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| 1. CIR./DIST./DIV. CODE GUX | 2. PERSON REPRESENTED ESPINOSA, CHRISTOPHER M. | | | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER | | 4. DIST. DKT./DEF. NUMBER 1:05-000053-001 | 5. APPEALS DKT./DEF. NUMBER | | 6. OTHER DKT. NUMBER |
| 7. IN CASE/MATTER OF (Case Name) U.S. v. ESPINOSA | | 8. PAYMENT CATEGORY Felony | 9. TYPE PERSON REPRESENTED Adult Defendant | | 10. REPRESENTATION TYPE (See Instructions) Criminal Case |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE | | | | | |
| 12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) <i>Civille Any 91-05</i> ACKNOWLEDGED RECEIPT <i>J.A. DTT</i> FILED DISTRICT COURT OF GUAM By: <i>[Signature]</i> Date: <i>[Signature] SEP - 1 2005</i> | | | | | |
| 13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions unless specifically eliminated by the Court (see Item 14). MARY L.M. MORAN CLERK OF COURT | | | | | |
| 14. SPECIAL AUTHORIZATIONS (Services Other Than Ordinary) A. Apportioned Cost % of transcript with (Give case name and defendant) B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Real Time Unedited Transcript C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act. | | | | | |
| 15. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I therefore request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. | | | 16. COURT ORDER Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 15 is hereby granted. Signature of Presiding Judicial Officer or By Order of the Court Date of Order _____ Nunc Pro Tunc Date _____ | | |
| Signature of Attorney _____ Date _____ Printed Name _____ Telephone Number: _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization | | | | | |
| 17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input checked="" type="checkbox"/> Transcriber <input type="checkbox"/> Other | | | 18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix,) AND MAILING ADDRESS Telephone Number: _____ | | |
| 19. SOCIAL SECURITY NUMBER OR EMPLOYER ID OF PAYEE | | | | | |
| 20. TRANSCRIPT | | Include Page Numbers | No. of Pages | Rate Per Page | Sub-Total |
| Original | | | | | Less Amount Apportioned |
| Copy | | | | | Total |
| Expenses (itemize): | | | | | |
| TOTAL AMOUNT CLAIMED: _____ | | | | | |
| 21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. | | | | | |
| Signature of Claimant/Payee: _____ | | | Date: _____ | | |
| 22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. | | | | | |
| Signature of Attorney or Clerk _____ | | | Date _____ | | |
| 23. APPROVED FOR PAYMENT | | | | | |
| Signature of Judicial Officer or Clerk _____ | | | Date _____ | | |
| 24. AMOUNT APPROVED | | | | | |